A PALACE AMONG THE RUINS...

PRESTIGE

WHEN the teaching hospital scheme was approved in 1960, no new hospital had been built in Liverpool for thirty years.

Certainly there were old hospitals that needed replacing. Some of the buildings – still in use today – were used in the 19th century as workhouses.

In sharp contrast, the teaching hospital will have the most advanced equipment. There will be no need to move patients to intensive care units, no need to rush oxygen cylinders along the corridors. Every bed can be used for intensive care. Every bed will have a piped oxygen supply. Wards will be small and comfortable. There will be no long rows of beds.

The old workhouses might have gone by now if the hospital board had chosen to build several smaller hospitals instead of one big one. But the 1960s were a time of Grand Schemes when it was assumed that Bigger must mean Better and, in the long run, Cheaper.

Besides, there was pressure from the university, whose training of doctors was spread over several hospitals. They thought it a good idea to have one big hospital close to the university where all the teaching could be done.

That idea was eventually to cost £56 million. And it's not at all certain the idea was a good one. Some doctors believe students get a more useful training in an ordinary hospital, and they point out that Scotland has no special teaching hospitals – nor does it seem to want them.

But academic prestige was at stake. Teaching hospitals, with their highly specialised equipment, were expected to be a cut above the average. "Centres of excellence" was the phrase used. In plain terms that meant places where surgeons could make their name by devising brilliant new ways to handle a knife. Prestige gained at the teaching hospital could then be put to lucrative use in the private consulting rooms of Rodney Street.

Since building started in 1963, health policies have changed. Teaching hospitals used to be specialised, treating mainly acutely-ill, short-stay patients and avoiding the mentally ill. Today they have to provide a full range of facilities like any general hospital and take a higher proportion of long-stay patients.

It's not easy to adapt the new teaching hospital to this change. To look after the chronically sick doesn't need all the expensive equipment that the new hospital has got – at least that's the argument of consultants in the more glamorous branches of medicine. They've argued that resources will be wasted if beds are taken up by old and mentally ill people.

They appear to have won: Of the 811 beds in the new hospital, only 42 will be for geriatric patients under "assessment". (Once "assessed", those who aren't acutely ill will be shifted to another hospital or sent home.) And for the mentally ill it's the same story.

There will be other problems for patients. The advice of the Department of Health at the moment is to have more, smaller hospitals for long-stay and less seriously ill patients so they can be nearer home and family. The new hospital will be a move in the opposite direction, making it a long trek for many visitors.

THE COST

NO-ONE knows for sure how much the new hospital will cost to run. Mr. Jeffrey Popplewell, treasurer of the Area Health Authority, recently put the cost at £9.3 million a year (at 1975 prices), with another £400,000 for staff accommodation.

But he emphasised that these figures were only based on the national average for teaching hospitals. He warned that the Liverpool hospital was "anything but typical" and that some costs would be "considerably in excess of national averages".

And he added: "National average staffing levels will be considerably less than the present staffing level for almost all categories of staff found in Liverpool hospitals."

The new hospital, which will have 811 beds, will be opened in stages. And as it opens, five Liverpool hospitals, with a total of 816 beds, will close. These (with their planned dates for closure) are:

- Royal Southern (August 1978).
- Ear, Nose & Throat (early September 1978).
- David Lewis Northern (late September 1978).
- Royal Infirmary (December 1978).
- Liverpool Clinic (between August and December 1978).

All the closures are definite, except that of the Liverpool Clinic, which still has to be approved. The Clinic is the only hospital in Liverpool providing radiotherapy treatment for cancer. It has no in-patients and costs £400 £400,000 a year to run. If it closes, patients will have to travel to Clatterbridge in Wirral for treatment. Community Health Councils have to be consulted – and they want to hear people's views, especially those getting radiotherapy treatment.

Closing these five hospitals will save £8.3 million a year (again, at 1975 prices), which will go some way towards running the new hospital. But the authority will still have to find at least another £1.4 million a year to run the teaching hospital – and very probably a lot more.

If the hospital could have opened before April 1 this year the extra money would have come from the government. But it won't be ready, and because of a change in government policy the Regional Health Authority must find all the money themselves.

They plan to save £1 million a year by closing in-patient services at Mill Road Maternity Hospital. But a condition of the closure was improved facilities at Broadgreen and the Women's Hospital. The authority now say they urgently need the money for the teaching hospital and want to close Mill Road in July without waiting for the improvements.

BUILDING of Liverpool's £56 million teaching hospital started fourteen years ago – and it's not finished yet.

The cost becomes less surprising when you look around the site. The building is vast and complicated. And the men working on it are proud of its quality. "The best," they say. "Out of this world."

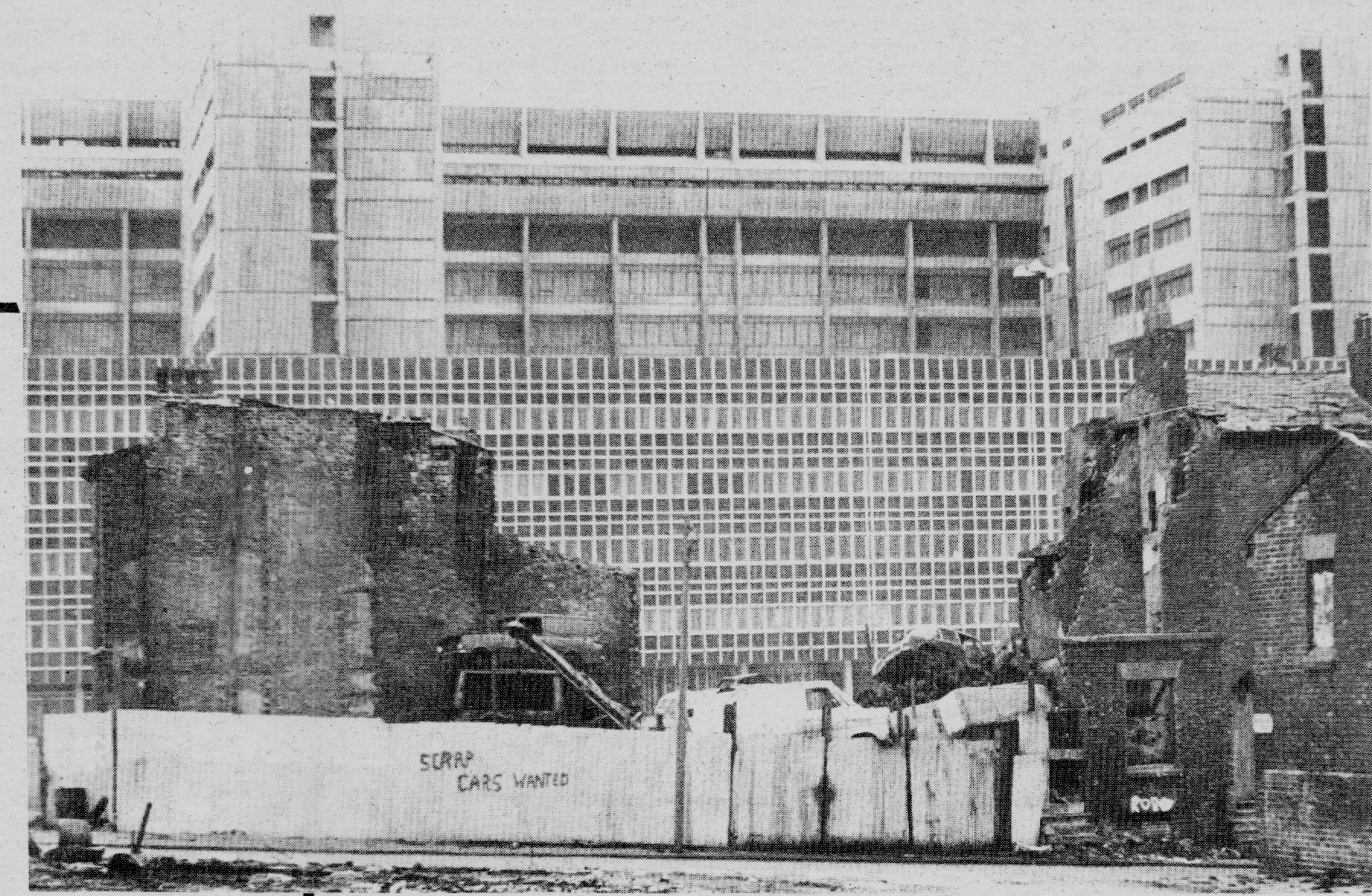
Amidst all the criticism over building delays and rising costs, important questions have not been asked:

The hospital is due to open next year. What will happen then? Where will health authorities find the money to run it? How will it affect other health services in Liverpool?

Plans still being worked out to meet the teaching hospital's running costs mean:

- **Five hospitals will be completely closed, a maternity hospital will be partly closed, and the future of a seventh hospital – Sefton General – will be put in doubt.**
- **Staff will be cut every year until 1988. In all, more than 3,000 jobs will be lost.**
- **Development of much-needed health centres and other community services like first aid clinics will be held back.**

To make matters worse, the building of the teaching hospital coincides with a government ruling that Merseyside's sick are "over-provided for" and further cuts must be made.



The rest of the money will probably come from staff cuts. The authority's plan for not replacing staff who leave and for "rationalising" overtime was approved on November 5 last year. The plan would do away with 3,049 jobs. The authority say it would save £699,000 in the coming year, with further cuts of more than £1 million in wages each year until 1984. The cuts would then continue at a lower level until 1990.

Adding to Merseyside's problems is a new method of dividing health service money among the fourteen Regional Health Authorities in England. The formula worked out by the Resource Allocation Working Party (RAWP) distributes the money on a population basis, with some adjustments. According to RAWP, Merseyside and the four London regions have been getting more than their fair share.

Within the Mersey region the money is divided amongst the five Area Health Authorities in such a way that Liverpool loses heavily.

Critics of the RAWP system say it doesn't accurately reflect the city's needs. That is a separate issue, but the Area Health Authority may be tempted to blame RAWP for the mess more than they blame previous planning mistakes.

The effects of RAWP on Liverpool are serious, but they should not be exaggerated. As a rough guide, one quarter of all beds or jobs lost will be due to RAWP and three-quarters to the teaching hospital.

In an effort to keep down overheads on the teaching hospital, the health authority are anxious to use it as intensively as possible. It will have five fewer beds than the hospitals it replaces, but the authority plan to send patients home sooner, so increasing the number of in-patients treated from 18,553 a year to 21,169. They also plan to deal with 366,491 outpatients and accident cases a year – 96,711 more than before.

Where will all these patients come from? Barring a sudden increase in accidents or sickness, they will have to come from other hospitals.

The main victim is likely to be Sefton General. Already the health authority are questioning its "future viability" and already they've asked the District Valuer how much it could be sold for.

To make sure no-one thinks Sefton General is viable, the health authority plan (as the CIA would say) to "destabilise" it. Most of the beds for acute patients will be "rationalised" (i.e. got rid of) over the next few years, and by the early 1980s Sefton General could be a heap of rubble or a dumping ground for geriatric patients.

SERVICES

THE HIGH turnover of patients at the teaching hospital will mean more patients are coming out before they are ready. These patients will need looking after until they are recovered.

The Department of Health say it is better and cheaper to develop small community hospitals and increase community staff (like district nurses) than to have people nursed in an expensive teaching hospital.

But although hospital beds are being cut there's no sign of a rapid extension of community services. The result will be that patients still in need of nursing care will have to get it from their families or go without.

Liverpool's family doctor service is among the most backward in the country, with a high proportion of ageing doctors working alone. In 1974 a third of the 252 GPs practising in the city were over 55 years old and seventy of the 252 were in single-handed practice. Today, only 10% of Liverpool's GPs work in health centres – half the national average.

Health centres can provide full community care services, with the doctor working as part of a team – which includes a district nurse, health visitor, school nurse, social worker and midwife.

They would have space for consultants' out-patient clinics, which would reduce the number of visits people have to make to hospitals. Consultants have to teach medical students, but why should teaching be concentrated on one hospital? The only people to benefit from this are the consultants themselves.

Every health centre should have a treatment room for minor injuries. These first aid posts are urgently needed in the district. At present, people injured in Speke have to travel to Garston (where a limited service for minor injuries is available during weekdays) or more usually to the city hospitals which are miles away. When the teaching hospital opens it will be the only hospital in the central and south part of the city to deal with accidents.

None of these developments can take place without the building of more health centres. And how likely is that when, unless there's a change of policy on Merseyside, the teaching hospital will swallow the lion's share of the money for the next fifty years?

In theory the Department of Health's new plans could produce a better service to the people. Closures of hospitals need not mean cuts in services or staff, but a change of direction, bringing the health service nearer to the homes and needs of the people. Money saved on expensive hospitals could be spent on community hospitals and health centres, on doctors and nurses in the community where most of us need them.

After all, less than one person in ten who consults a doctor needs hospital attention. The £1 million saved on Mill Road would build four health centres. In theory to oppose changes like this is to defend a service which has so far been geared to the wants of doctors, not the needs of the people they serve.

But the Department of Health has produced similar plans before. In 1962 they told us that a huge reduction in mental hospital beds would be possible by a large expansion in community services for the mentally ill. What happened was a loss of facilities, which were real and cost money, in exchange for a spate of progressive government reports, which cost little and meant even less.

A CHOICE

LAST DECEMBER the Regional Health Authority met to consider abandoning the teaching hospital or stopping work on it for several years.

This was not really a serious proposal, but the authority wanted to protect themselves. They were shivering at the thought of being hauled before the government's Public Accounts Committee to explain how building costs had gone up from £12 million to £56 million.

Following a visit from social services minister David Ennals, it was decided to press ahead as quickly as possible. At that late stage there was little choice.

Liverpool needs modern hospital facilities. One big teaching hospital may not have been the best way to provide them, but now it's there it needs to be used, and used as well as possible.

But it will be a disaster if the teaching hospital is paid for by a general worsening of other health services in the city.

There are other ways to find the cash – money squandered on drugs and supplies, administration, and operations which are of doubtful benefit to people.

But other ways will not be found while cutting staff and services is so much easier.

PLANNED STAFF CUTS IN LIVERPOOL HOSPITALS (1976–1988)

	No. last August	Eventual number	Percentage reduction
Consultants	175	146	16.6
Senior Registrars	69	66	4.3
Registrars	136	94	33.1
Senior House Officers	116	116	–––
House Officers	52	49	5.8
Nurses	5,621	4,294	23.6
Professional & Technical	894	636	28.9
Ancillary	3,587	2,503	30.2
Admin. & Clerical	768	546	28.9
Works	471	400	15.1
TOTAL	11,889	8,850	25.6

The plan for staff cuts. First attempts have shown it is a lot easier to get rid of nurses than doctors. The Health Authority are already over their present target for nurses, but they are behind target for doctors

Looking down on to the podium roof. It will have to be replaced because the materials used in the roof are a fire hazard.

Chaos – and moves to sue architect

THE DELAYS and problems made public throughout the turbulent history of Liverpool's teaching hospital have been mainly of the "Building Workers Out Again" variety.

Headlines not made public might well have read: "Architect Accused of Negligence", "Report Says Hospital Management is in Disarray" and "Contractor Who Underquoted Uses Lump Labour."

Although the building workers on the site are "well organised", there have been fewer stoppages than many people imagine.

In six years under McAlpines, only 1½ days were lost in disputes between UCATT and the contractor. Other stoppages were over national issues.

PLAN TO SUE ARCHITECT

Relationships on the professional front have not been so cosy. In 1973 a writ was drafted to be served on the architects, Shennon Basil Cooper and Pickles, the late Lord Holford's Liverpool practice. The writ has not been issued, but during 1976 the architects were given only six-month contracts by the Regional Health Authority.

The Health Authority's criticisms of the architects were that:

- Delays in providing information contributed to low productivity on the job;
- The fire precautions problem was the fault of the architects (at least to some extent).
- They got their sums wrong on the cost of Phase IV.

The reason the writ was not served was mainly diplomatic: Legal action against the architects might serve as an excuse for others who had blundered. It would be extremely difficult to find a replacement architect for such a mammoth scheme. Also, it was unlikely the Health Authority would get much compensation – a successful court action would almost certainly bankrupt the architects.

The Health Authority opted to continue with the firm, but they were worried about the viability of the practice. Mr Cooper, a senior partner emigrated to Australia, leaving only two senior partners and a small staff, dependent for 80% of their work on the teaching hospital.

So the Health Authority insisted that any future contract would be made with the whole Holfords group – a conglomerate of four main partnerships throughout the country – and the authority's own Regional Architects Department were made overseers.

CONTRACTORS IN TROUBLE

The architects were not the only ones under fire from the Health Authority. In the 1976 yearly review, the job was considered to have been in "managerial disarray up to 1975".

Tersons had the building contract until they went bust in March 1975. In fact they were already in financial trouble at the time they undertook phases II and III of the hospital in 1968. But they hoped loans would be more forthcoming if they had a government contract to wave at the banks.

So eager were Tersons to win the contract that they underquoted. Their tender of £12m meant they were unable to afford reputable subcontractors, and they attempted to bring in Lump workers on some jobs, causing delays in labour disputes.

BICC took over Tersons in 1969 and tried to negotiate a new contract. But this failed. Rather than inherit more of the financial mess left by Tersons, they wound up the company in March 1975.

McAlpines acted as caretaker on the job until Bovis took over in the following September.

SMOOTHER NOW...

It seemed nobody wanted to get their fingers burnt, for Bovis were the only contractors who showed any interest, and then only of the basis of a guaranteed cost plus fees contract.

The Health Authority consider the job is now going more smoothly than ever before. The labour force think there has been little change. They've been on the job so long and know it so well, they say the contractor depends on them.